

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED Permit Number: 051577 OCT 28 2005 CITY OF PORTLAND

This is to certify that Erickson Crystal N & /self has permission to Replace front deck in the same footprint AT 12 Eleanor St 292 F020001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is loaded or enclosed-in 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board Other Department Name

Signature and date 10/27/05 Director - Building & Inspection Services

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-1577	Issue Date: <b>PERMIT ISSUED</b> OCT 28 2005	CBL: 292 F020001
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Location of Construction: 12 Eleanor St	Owner Name: Erickson Crystal N &	Owner Address: 12 Eleanor St	Phone: 207-878-8497
Business Name: n/a	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Duplex	Zone: R-5

Past Use: Duplex	Proposed Use: Duplex / replace front deck in the same footprint.	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>NA</i>	INSPECTION: Use Group: R-3 Type: SB Signature: <i>IRC 2003</i>	

Proposed Project Description:  
Replace front deck in the same footprint.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: GG	Date Applied For: 10/27/2005	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input checked="" type="checkbox"/> Flood Zone <i>ok</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 10/27/05</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: 10/27/05</p>
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**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>10-12 Eleanor St</u>		
Total Square Footage of Proposed Structure <b>90</b>	Square Footage of Lot <b>5577</b>	
Tax Assessor's Chart, Block & Lot Chart# <u>292</u> Block# <u>F</u> Lot# <u>20</u>	Owner: <u>Crystal Erickson</u>	Telephone: <u>878-8497</u>
Lessee/Buyer's Name (If Applicable) <u>NA</u>	Applicant name, address & telephone: <u>Crystal M. Erickson</u> <u>10 Eleanor St.</u> <u>Portland, ME</u> <u>04103</u>	Cost Of Work: \$ <u>1000.00</u> Fee: \$ <u>30.00</u> C of O Fee: \$ _____
Current Specific use: <u>front deck</u>	<u>Duplex Duplex</u>	
Proposed Specific use: <u>same</u>		
Project description: <u>Replace front deck wood that has started to rot. Rebuild it in the exact foot print as the existing deck.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Crystal Erickson</u>		
Mailing address: <u>10 Eleanor St.</u> <u>Portland, ME</u> <u>04103</u>	Phone: <u>878-8497</u>	



Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Crystal Erickson</u>	Date: <u>10-20-05</u>
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